

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**RECEIVED**  
EMAIL  
**JUL - 1 2009**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Central K.I.D.S.

IMPORTANT: Indicate by # type of committee you are reporting for: 11

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

**SIGNATURE OF PERSON FILING REPORT**

**TELEPHONE**

**DATE SIGNED**

I AM FILING A 6/30/2009 REPORT FOR (1) **ELECTION** /(2) **NON-ELECTION YEAR**.  
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election \_\_\_\_\_

County & Local Committees, enter County in  
which Election is held \_\_\_\_\_

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \_\_\_\_\_

\$ 2045.67

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) \_\_\_\_\_ \$ \$660

Schedule F: Loans Received total (Attach Schedule F) \_\_\_\_\_ \$ \$0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) \_\_\_\_\_ \$ \$0

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$ 2705.67

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) \_\_\_\_\_ \$ \$1950.99

Schedule F: Loan Repayments total (Attach Schedule F) \_\_\_\_\_ \$ \$0

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) ..... \$ \$754.68

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ \_\_\_\_\_

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ \_\_\_\_\_

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ \_\_\_\_\_

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/18/2009	ID#  CK#	Fundraiser at Barnes Foodland 622 10 <sup>th</sup> Street DeWitt, IA 52742		\$175	
6/11/2009	ID#  CK#	Dave Deke 2742 222 <sup>nd</sup> Street DeWitt, IA 52742		\$100	
6/15/2009	ID#  CK#	David Pillers 615 10 <sup>th</sup> Street DeWitt, IA 52742		\$100	
6/26/2009	ID#  CK#	Keith Green 2445 260 <sup>th</sup> Ave DeWitt, IA 52742		\$50	
	ID#  CK#	Un-Itemized Contributions		\$235	
	ID#  CK#				
	ID#  CK#				
	ID#  CK#				
	ID#  CK#				
	ID#  CK#				
	ID#  CK#				
	ID#  CK#				
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/5/2009	ID#  CK#	Victory Enterprises  5200 30 <sup>th</sup> Street SW #7  Davenport, IA 52802	Yard Signs (Second time)	\$853.33
6/10/2009	ID#  CK#	The DeWitt Observer  512 7 <sup>th</sup> Street  DeWitt, IA 52742	Newspaper Ads	\$732.50
6/10/2009	ID#  CK#	B and G Publishing	Color Brochures	\$170.00
6/24/2009	ID#  CK#	The DeWitt Observer  512 7 <sup>th</sup> Street  DeWitt, IA 52742	Thank you ad	\$96.16
6/30/2009	ID#  CK#	Jorgies  241 11 <sup>th</sup> Street  DeWitt, IA 52742	Pizza	\$99.00
	ID#  CK#			
	ID#  CK#			
	ID#  CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

(for Schedule B)